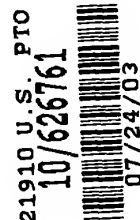




MAIL STOP: PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Transmitted herewith for filing is the patent application of:

Inventors: James P. Elia

For (title): METHOD AND APPARATUS FOR INSTALLATION OF DENTAL IMPLANT

Relationship Parent: This application is a continuation of application Serial No. 09/794,456, filed February 27, 2001, which is a continuation of application Serial No. 09/064,000, filed April 21, 1998, which is a continuation-in-part of application Serial No. 08/837,608, filed April 21, 1997, now abandoned, which is a continuation-in-part of application Serial No. 08/326,857, filed October 21, 1994, now Patent No. 5,759,033, which is a continuation of application Serial No. 08/087,185, filed July 2, 1993, now Patent No. 5,397,235, which is a continuation-in-part of application Serial No. 08/053,886, filed April 27, 1993, now Patent No. 5,372,503.

Enclosed are:

1. **Papers Required For Filing Date Under 37 C.F.R. 1.53(b):**

- 62 Pages of Specification
- 01 Pages of Abstract
- 01 Pages of claims
- 10 Sheets of Drawing

In addition to the above papers, there is also attached:

2. **Declaration or Oath**

- ☒ Enclosed
 - ☒ Original executed by
 - ☒ inventor(s)

3. **Preliminary Amendment**

- ☒ Enclosed – 4 pages

4. **Information Disclosure Statement and Form PTO-1449**

- ☒ Enclosed

5. **Assignment**

- ☒ An assignment of the invention to
 - ☒ is attached

6. **Inventorship Statement**

- The inventorship for all the claims in this application are:
- ☒ the same

7. **Language**
☒ English

8. **Fee Calculation — Small Entity Status Claimed**

**** Following entry of Preliminary Amendment filed herewith**

Claims as Filed					
	Number Filed		Number Extra	Rate- Small Entity	Basic Fee- Small Entity
					\$ 375.00
Total Claims	28	- 20 =	8	X \$9.00	72.00
Independent Claims	2	- 3 =	0	X \$42.00	---
Multiple Dependent claim(s), if any			0	+ \$135.00	---
TOTAL FEE DUE					\$ 447.00

9. **Fee Payment Being Made at This Time**

- ☒ Enclosed
☒ basic filing fee

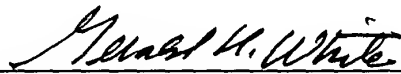
Total fees enclosed \$ 447.00

10. **Method of Payment of Fees**

- ☒ Check No. 527 the amount of \$ 447.00

NOTE: Fees should be itemized in such a manner that it is clear for which purpose the fees are paid. 37 CFR 1.22(b).

Date: July 24, 2003


Signature of Attorney

Gerald K. White
Reg. No. 26,611

GERALD K. WHITE & ASSOCIATES, P.C.
205 W. Randolph Street, Suite 835
Chicago, IL 60606
Phone: (312) 920-0588
Fax: (312) 920-0580
Email: gkwpatlaw@a l.c m